TAE	OMETA-NA		
FOR INSTRUCTIONS, SEE BACK OF FORM DIS	THIOS & CAMPAIGN 7	FORM	STATEMENT
OK MOTROOTIONO, OZZ ZMOR OF TOWN	CLOSURE BOARD	DR-1	OF
CHECK ONE:  This is an initial* Statement of Organization	OT 1 -	(Rev. 07/00)	ORGANIZATION
This is an amended* Statement of Organization	CT 1 5 2003	For Office U	se Only
Z THIS IS ALL ANTONION OF SERVICE		TOI OTHER D.	<u>50 01117</u>
An initial Statement of Organization should be filled within 10 days of the making expenditures or incurring indebtedness exceeding \$500. American	ittee's accepting contributions,		
making expenditures or incurring indebtedness exceeding \$500. American change. Penalties may be imposed for late-filed Statements of Organization.	Aguja na tijed within 30 d. ys of a	Indexed	
change. Penalties may be imposed for late-filed Statements of Organization.		Computer	
COMMITTEE NAME (Required by law)			
$\Gamma$	VA: T. Descen	P : 4	.)
Grow Davenpart (F)	KA: IOWA Progress	Lamm. HEE	<u> </u>
IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party	 ≀ 4 \Countv/Local Candidate (5 )0	ounty PAC (6)B	allot Issue/Franchise
Committee (7)County/City Central Committee (8)Support slate of can	didates (list candidates under pur	pose of committe	9)
COMMITTEE TREASURER This address used for all reminders and	COMMITTEE CHAIR (List addition		
(Required by law) correspondence)			
Name	Name		
	Robert Man	(:\n	
William L. Wilka Mailing Address	Mailing Address		- <del>Va.</del>
Mailing Address	3111 France	and Alle	
3547 Derz R.DGR Court City, State Zip Code	Situation Tip Code	7/10-	
City, State Zip Code	City, State Zip Code	11 -78	771
City, State Zip Code  13 ETTENDORF TOWN 52722	Name  Tobor Man  Mailing Address  3/// Fornwood  Gity, State Zip Code  Davenport	17 520	
Phone (563) 355 6558	Phone (563) 355 - 8	695	
1 24 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
e-Mail WCW, IKE & NOC. CAM  INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	e-Mail	Advocate for/again	st hallot issue/s)
Comment or description:	ocate lunagamst candidate(s)	Advocate iditagaii	ar panor isseefat
All Candidates Enter:			
Office Sought:	District:		
Political Party (if applicable)	Year Standing for Election:		
County/Local Candidates and Local Ballot/Franchise Committees Enter			
County:	Date of Election:		
Bank Account Name	Candidate name & Address or F	'arent Entity (PAC Affiliate, or Spons	s. if applicable).
(max D)		Timato, or opens	₹.
Name of Financial Institution/type of Account	14211		
	Malling Address ↓ ↓		
US Bank / Community Checking			
Mailing Address ↓ ↓	City ↓ ↓	State J J	Zip ↓ ↓
201 W 2nd St.			
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Phone ( )		
Davenger IA 52801	e-Mail		
DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION	(Statement of Intent required by law for	all committees, exce	pt state parties and central
Indicate disposition of funds by marking appropriate number in box:	committees and committees using only	personal funds.)	·
(1) DONATED TO COUNTY CENTRAL COMMITTEE	(6) PRORATED REFUND TO		
(2) DONATED TOLOCAL/STATE/NAT'L POLITICAL PARTY (under	rithe one) (7) TRANSFER TO ANOTHE	ER COMMITTEE OF	THIS SAME CANDIDATE
(3) DONATED TO CHARITABLE ORGANIZATION	(CANDIDATES ONLY)		
(specify)	(8) RETURN TO PARENT E	NTITY GENERAL FU	ND (PACS ONLY)
(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)	(9) OTHER (PACs ONLY), P	LEASE BE SPECIFIC	:
(5) PARTISAN CONGRESSIONAL DISTRICT FUND			
STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITIC I am aware that I am required to file disclosure reports if the committee receive			iness in excess of
\$500.00 in a calendar year to expressly advocate for any candidate or ballot issu	e. I understand that although the tre	asurer normally pro	epares and files
reports, the candidate or chairperson (PACs) is responsible under the law for acc to civil penalties and possible other legal action. I understand that by filing this for	curate and timely disclosure reports a	ind that late-filed re	porta are subject
and administrative rules found in chapter 351. I affirm that all committee officers	have been informed of their appoints	nowa Code chapte ment and obligation	ır op, cnapter böb IS,
4000 7 War.	10.	-15-03	
Signature of Troasurer	Date:	Signed	
Most of Mute	10-	15-03	
Signature of Candidate, OR. If PAC, Central Committee or Local Ballot Issue, Chairperson	Date	Signed	

FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:		DR-1	OF ORGANIZATION
This is an <b>initial*</b> Statement of Organization		(Rev. 07/00)	ONGANIZATION
This is an <b>amended*</b> Statement of Organization		For Office U	se Only
*An initial Statement of Organization should be filled within 10 days of the comm		Comm.#	
making expenditures or incurring indebtedness exceeding \$500. Amendments s change. Penalties may be imposed for late-filed Statements of Organization.	hould be filed within 30 days of a	Indexed	
change. Penalites may be imposed for late-lifed Statements of Organization.	Olegia de la companya della companya della companya de la companya de la companya della companya	Audited	
	DECLOSICE SOAR	Stappater	
COMMITTEE NAME (Required by law)	OCT 2-0 2003	7	
Grow Davesport	7 ~ 0 2003	1	
Ultow Vavenport	7 <sup>E</sup> /ED	<del></del>	
IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party Committee (7) County/City Central Committee (8) Support slate of can	( 4 )County/Local Candidates (list candidates under pur	ounty PAC (6)B	allot Issue/Franchise e)
COMMITTEE TREASURER This address used for all reminders and correspondence)	COMMITTEE CHAIR (List addition	onal officers on sep	parate page)
Name  Tolani Marrin  Mailing Address	Name Robert Mart. Mailing Address	7	
Mailing Address	Mailing Address		
3111 Ferry word Allo	3111 Fernware	- Ave	
City, State Zip Code	City, State Zip Code		
Davenport, IA 52807	Mailing Address  3/1/ Fernward Ave  City, State Zip Code  Divergant, IA 52807  Phone (563) 355-8695		
Mailing Address  3/// Femuland Ave City, State Zip Code  Davenpart, IA 52807  Phone (563) 355-8695	Phone (563) 355-8695		
e-Mail	e-Mail		
INDICATE PURPOSE OF COMMITTEE – Check One Box  Adv. Comment or description:	ocate for/against candidate(s)	Advocate for/again	st ballot issue(s)
All Candidates Enter: Office Sought:	District		
Political Party (if applicable)County/Local Candidates and Local Ballot/Franchise Committees Enter	Year Standing for Election:		
County:	Date of Election:		
Bank Account Name ↓ ↓	Candidate name & Address or P	arent Entity (PAC	s, if applicable),
		ffiliate, or Sponse	
Name of Financial Institution/type of Account			
Name of Financial Institution/type of Account	Mailing Address ↓ ↓		
Blank / Community Checking			
Mailing Address ↓ ↓	City ↓ ↓	State ↓ ↓	Zip ↓ ↓
201 W 20 Sr			
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Phone ( )		
Davangert IA 52801	e-Mail		
DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION	(Statement of intent required by law for		pt state parties and central
Indicate disposition of funds by marking appropriate number in box: (1) DONATED TO COUNTY CENTRAL COMMITTEE	committees and committees using only  (6) PRORATED REFUND TO		
(2) DONATED TO LOCAL/STATE/NAT'L POLITICAL PARTY (unde	• •		THIS SAME CANDIDATE
(3) DONATED TO CHARITABLE ORGANIZATION	(CANDIDATES ONLY)	ER COMMITTEE OF	THIS SAME CANDIDATE
(specify)	(8) RETURN TO PARENT E	NTITY CENEDAL ELL	ND /DACS ONLY)
(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)	(9) OTHER (PACs ONLY), P		•
(5) PARTISAN CONGRESSIONAL DISTRICT FUND	(9) OTTLK (FACS ONLY), F		<b>,</b> 
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and administrative rules found in chapter 351. I affirm that all committee officers	have been informed of their appointr	nent and obligation	is.
Kott Wate-	12-6		
Signature of Treasurer	art .	Signed	
NOTO HIMAN	10-6		
Signature of Candidate, OR ∕if PAC, Central Committee or Local Ballot Issue, Chairperson	Date S	Signed	

## **Grow Davenport**

3111 Fernwood Ave. Davenport, IA 52807



October 9, 2003

Sue Brown lowa Ethics and Campaign Disclosure Board 514 E. Locust, Ste. 104 Des Moines, IA 50309

## Dear Ms. Brown:

Enclosed is an amended Statement of Organization for the lowa Progress Committee that I spoke with you about earlier this fall. To reflect the local focus the committee has always had, they have elected to change their name to "Grow Davenport" from "lowa Progress Committee."

Please contact me if there are any problems with this revision.

1 laples

Sincerely

Michael Ryan 563-884-4444

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